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CLAIM AMENDMENTS

(currently amended) A fenestrated asymmetric intracardiac device for the completion of total cavopulmonary anastomosis through cardiac catheterization, the device comprising a bifurcated tubular conduit formed by a first lower section and a second upper section both centered on and extending along a common warped axis having a radius of curvature between 35° and 45°, the first section being a tubular mesh covered at least in some parts by an impermeable polymer with a curvature between 35°-45° and having a lower end of substantially circular cross-sectional shape with a diameter between 16-20 mm, an upper end having a progressively flattened and a substantially oval cross-sectional shape, the upper end and lower end both being of substantially the same cross-sectional area along their full axial lengths, and a wall formed with at least one closable fenestration that connects an interior of the conduit with the exterior, the second upper section being a tubular mesh covered at least partially by an impermeable polymeric material and having a crosssectional shape that is oval and tapers upward to a diameter of between 10-13 mm, the second section bifurcating upward into two branches one of which is longer than the other [[,]] and extends

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along the warped axis, and is of substantially circular and uniform cross-sectional shape, the other branch being formed with a short laterally projecting extension of circular cross-sectional shape with a diameter between 10-13 mm, the branches forming with the conduit first lower portion a distorted "Y", each branch having a mesh of thread at least partially covered by an impermeable polymeric material and being formed unitarily with the second upper section, the conduit being between 60-75 mm long overall, the one branch being between 18-25 mm long, and the other branch being between 4-8 mm long, the short branch having a wall that intercepts between 50%-70% of blood flowing up through the tubular conduit from its lower end, the lower end being constructed for connection with a lower vena cava and a hepatic vena with the upper and lower sections of the tubular conduit configured to be lodged inside the right atrium, one branch being sized to be tightly lodged inside a left pulmonary artery and forming an obstruction with regard to a main pulmonary artery, the other branch being configured to be lodged at a base of a right pulmonary artery.

2. (previously presented) The fenestrated asymmetric intracardiac device according to claim 1 wherein the first lower section and the second upper section form a one-piece tubular body made at least partially of a series of threads forming a mesh.

- 3. (currently amended) The fenestrated asymmetric
 intracardiac device according to claim 1 wherein the first lower
 section has a mesh part that is independent of and that can
 telescope in the second upper section, the first section being
 axially deployable and settable within the second section, whereby
 the first section [[is of]] can be telescoped to variable length.
- 4. (previously presented) The fenestrated symmetric
 intracardiac device according to claim 1 wherein the first lower
 section has a mesh made of more resistant filaments than the second
 section so that first lower section is of less flexibility than the
 second upper section.
- 5. (currently amended) The fenestrated asymmetric
 intracardiac device according to claim 1 wherein the lower end of
 first section has a mesh structure without of the lower end of the
 first section is free of the cover of impermeable polymeric cover
 and material and is thereby rendered permeable by the to blood flow
 that flows up from a lower vena cava and hepatic vena.

- intracardiac device according to claim 1 wherein the one branch of the bifurcation is formed by a mesh made of threads covered by an impermeable polymeric material, the one branch forming with the second upper section a tubular wall impermeable to blood flow, the other branch not being covered by the impermeable material and being permeable.
- 7. (currently amended) The fenestrated asymmetric
 intracardiac device according to claim 1 wherein an elastically
 deformable the mesh material is made of linked metallic threads at
 least partially covered by polytetrafluoroethylene, forms all of
 the device forming an elastically deformable conduit, the
 impermeable polymeric material being polytetrafluoroethylene.